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Fact Sheet

Swine Health

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Guidelines for the Development of a Swine Herd Health Calendar

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A well-managed, predetermined swine herd health plan minimizes disease by preventing exposure to specific disease organisms and by increasing herd immunity against common diseases. Each producer should develop a specific program of disease prevention for his individual farm. Even a minimal program is better than no program at all.

Blood testing, isolation of new herd replacements, and a strict sanitation and traffic control program eliminate opportunities for new disease organisms to enter the herd, while systematic vaccination of sows and pigs prevents routine diseases that are difficult to control. A sound herd health program also includes adequate nutrition, comfortable housing and ventilation, and vigorous parasite control.

The following herd health program lists most of the needed vaccinations and parasite control measures. Not all the procedures are applicable, desirable or economically feasible for every farm, and the list should serve only as a guide. Immunization agents, anti-parasite products, feed additives and injectables are direct cost items for the producer. The producer should consult with his veterinarian, study the cost/benefit ratio of each procedure, and decide which are necessary for the individual farm. Special problems peculiar to the involved farm need to be taken into consideration. Locale, type and size of operation and government regulations will influence health management decisions.

As previously stated, not all the vaccinations listed are required on every farm. For example, in many areas a producer need only vaccinate for leptospirosis with the three serotype *pomona-grippotyphosa-hardjo* bacterin or perhaps only the *pomona* bacterin. *Clostridium*, *Pasteurella* bacterins or *E. coli* vaccines are recommended only in areas where these diseases commonly occur or on farms that have experienced previous problems. Generally, vaccinating for TGE is more important during the winter and early spring months. However, as "chronic" TGE is being diagnosed all year in continuous farrowing units, year-round TGE immunization procedures will be necessary.

Before proceeding with an active deworming program, fecal examination of five 8-wk.-old pigs and 5 sows should be made to determine the species of worms present. The dewormer effective against the worms diagnosed should be used as recommended by the manufacturer. Frequently in slotted-floored confinement systems, no worm eggs are found, and the dewormer is not required, saving the producer time and money. The importance of fecal exams is stressed.

If mange is present, the intensive spraying program listed should be followed. Lice are more easily controlled than mange and if eliminated by the program listed, the frequency of sprayings can be reduced or completely eliminated.

Well-kept records are extremely important to the success of a herd health program. Records enable the producer and herd health team to identify problem areas in the operation and to measure the progress of the program. Farrowing records should denote the sow number, sire(s), date of farrowing, number born, litter weight, number alive, number mummies, 21-day weight and number weaned. Any abnormalities, disease problems and treatments of pigs or sows should be recorded.

With the exception of newborn pigs, all hogs that die should be necropsied by the attending veterinarian or taken to a state diagnostic laboratory. Routine post-mortem examination, regardless of cause of death, detects chronic, slow-moving but costly diseases before they become established in a herd. Moreover, a devastating disease may be prevented by vaccination or treatment before serious losses occur.

If arrangements can be made with a packing house, routine slaughter checks of 10 market-sized hogs by a veterinarian at the plant will provide considerable herd health information to the producer. The slaughter check needs to be included in the calendar to allow the producer and veterinarian to monitor the disease level in the herd and to measure the effectiveness of the swine herd health program. The veterinarian can inspect the lungs for myco-

plasmal pneumonia, the liver for worm migration and the snout for evidence of atrophic rhinitis. Mange, arthritis, foot injuries and abscesses can also be detected. With the exception of the inspection fee, the producer incurs no financial loss from a slaughter check since the carcasses are processed normally.

When the producer does not have a cooperative packer nearby, 2 or 3 market hogs can be slaughtered at a local plant, and arrangements can be made with the local veterinarian to inspect the slaughter. If this alternative is not practical, the lungs, liver, snout and intestines can be col-

lected and taken to the veterinarian's office for examination.

The modern hog producer cannot afford to be without a swine herd health plan. Working in conjunction with his veterinarian, the producer should develop a basic disease prevention schedule. This schedule is an integral part of an overall management plan or calendar that should be developed with the help of a hog management team (producer, veterinarian, nutritionist, agricultural engineer and financial consultant) that minimizes disease and maximizes profit.

Herd health management timetable for the swine breeding herd.

Time (age)	Vaccination and parasite control	Management and breeding
GILTS		
6 mos.	Deworm; spray for lice and mange; feed fresh manure from boars and sows. Repeat in one week. Commingle with cull sows, and initiate fenceline contact with boars.	Select gilts with well-developed external genitalia and at least 12 well-spaced nipples (not inverted). Reduce feed intake to about 6 pounds/day until bred.
7 mos.	Leptospirosis (Lepto) (5 serotypes), Erysipelas.	-----
8 mos.	-----	Breed on 2nd or 3rd heat period (at least twice to different boars).
9 mos.	-----	Pregnancy check (35-60 days post-breeding).
10 mos.	-----	-----
6 wks. prior to farrowing	Clostridium toxoid. Spray for lice and mange.	-----
4 wks. prior	Transmissible Gastroenteritis (TGE), Oral <i>E. coli</i> milk vaccine or <i>E. coli</i> bacterin, Atrophic Rhinitis (Rhinitis). Spray for lice and mange.	-----
2 wks. prior	TGE, Rhinitis, Clostridium, <i>E. coli</i> bacterin.	-----
1 wk. prior	Spray for lice and mange, and deworm.	-----
Farrowing	3rd <i>E. coli</i> bacterin (or 1 week postfarrowing)	-----
4 wks. postfarrow	Lepto and Erysipelas for sows. Spray for lice and mange.	-----
BOARS		
4-6 mos	-----	Select and bring to farm at least 60 days prior to breeding. (Boars are ready for limited use at 8 mos. of age.)
1st 30 days following purchase	Retest for Brucellosis, Lepto and Pseudorabies. Spray for lice and mange and deworm.	Isolate for 30 days. Feed unmedicated feed, and observe for diarrhea, lameness, pneumonia and ulcers.
2nd 30 days following purchase	Vaccinate for Rhinitis.	Feed manure from other boars and sows. Commingle with cull gilts, and observe desire and ability to breed.
	Vaccinate for Erysipelas, Lepto, and Rhinitis.	Provide fenceline contact with gilts and sows to be bred.
Every 6 mos.	Revaccinate for Lepto, Erysipelas and Rhinitis.	-----
Every 3 mos.	Deworm.	-----
	Two sprayings at 7-10 day intervals for lice and mange.	-----
PIGS		
1-2 day	Iron injection.	Clip needle teeth. Dock tails. Ear notch.
7 day	Rhinitis, Pasteurella.	-----
2 wks	Iron (injection or oral).	Castration.
4 wks.	Rhinitis, Pasteurella, Erysipelas.	Wean.
Weaning + 10 days	Spray for lice and mange.	-----
Weaning + 20 days	Spray.	-----
Weaning + 30 days	Spray, deworm.	-----
4 mos.	-----	Withdraw all feed medication.
5-6 mos.	-----	Slaughter check 10 market hogs.